

Foster Family Home - Corrective Action Report

Provider ID: 1-190067

Home Name: Susana Haber, CNA

Review ID: 1-190067-2

86-190 Moelua Street

Reviewer: David Ayling

Waianae

HI 96792

Begin Date: 9/8/2020

Foster Family Home

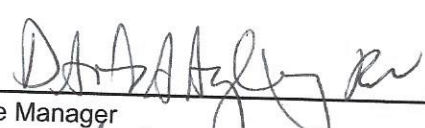
Required Certificate

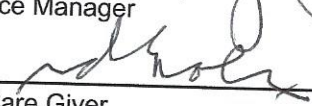
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification.
Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver

9/8/2020
Date

9/8/2020
Date